

FILED AUG 28 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

5750

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
332 Carrie Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
(Specify whether  
In this community. 5 Month /  
years, months or days)

3. (a) PRINT FULL NAME Minnie Brown

3. (b) If veteran, none name war \_\_\_\_\_  
3. (c) Social Security No. none

4. Sex Female race White  
5. Color or White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife .....  
6. (c) Age of husband or wife if alive ..... years  
7. Birth date of deceased Sept. 20 1865  
(Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 20  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Forth Wane Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business \_\_\_\_\_

12. Name William Riley  
13. Birthplace Kentucky  
14. Maiden name Elizabeth Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. John Meyer  
(b) Address 332 Carrie Ave.

17. (a) Burial (b) Date thereof July 14 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Friedens Cem.

18. (a) Signature of funeral director Diedrich Funeral Home  
(b) Address 8319 Halls Ferry Rd.

19. JUL 12 1941 (Date received local registrar)  
(b) J. T. Budenk (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 332 Carrie Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10  
year 1941 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from 7/4/41, 1941, to 7/10/41, 1941;  
that I last saw him alive on 7/10/41, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death ASTHENIA

Due to ESOPHAGEAL CANCER

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature J. T. Budenk (M. D. or other) D  
Address 4901 N. Broadway Date signed 7/11/41

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**